



PATENT

8/B
DL
12-17-02IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Serial No.: 09/662,203)
Applicant: SMITH and McAULEY)
Filed: September 4, 2000)
For: BREATHING ASSISTANCE)
APPARATUS)
Examiner: G. DAWSON)
Art Unit: 3761)
Attorney Docket No.:)
1171/38911/80)

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Tiffany E. Sexton	

AMENDMENTRECEIVED
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TECHNOLOGY CENTER R3700

Asst. Commissioner for Patents
Washington, D.C. 20231

Sir:

Responsive to the Office Action dated September 13, 2002, having a shortened statutory period for response set to expire on December 13, 2002, kindly amend the above-identified patent application as follows:

IN THE CLAIMS:

Please amend the claims as follows:

- 31 1. (Twice Amended) A device for controlling the gas flow between a pressurised

DEC 11 2002

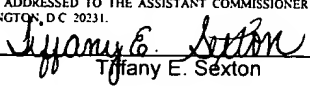
Case Docket No. 1171/38911/80

In re application of SMITH and McAULEY

Serial No.: 09/662,203

Filed: September 4, 2000

For: BREATHING ASSISTANCE APPARATUS

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 Tiffany E. Sexton	

BOX: NON-FEE AMENDMENT
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for		Present Extra
TOTAL	* 30	MINUS	** 30	=	0
INDEP.	* 2	MINUS	** 3	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$.00
x 42 =	\$.00
+ 140 =	\$.00
TOTAL	
ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 18 =	\$.00
x 84 =	\$.00
+ 280 =	\$.00
TOTAL	
	\$.00

OR


OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: December 11, 2002


Raiford A. Blackstone, Reg. No. 25,156
Linda L. Palomar, Reg. No. 37,903
Attorney of Record

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